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## BIB DATA SHEET

CONFIRMATION NO. 5432

<b>SERIAL NUMBER</b> 10/787,421	<b>FILING or 371(c) DATE</b> 02/26/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 960296.99187	
<b>APPLICANTS</b> Majed M. Hamawy, Madison, WI; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/450,515 02/27/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 04/21/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /NORA MAUREEN ROONEY/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> QUARLES & BRADY LLP 411 E. WISCONSIN AVENUE, SUITE 2040 MILWAUKEE, WI 53202-4497 UNITED STATES					
<b>TITLE</b> Marker proteins for diagnosing smooth muscle cell abnormalities					
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		